

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						51			
2		1				52					
3		1				53					
4		1				54					
5		24				55					
6		1				56					
7		1				57					
8		1				58					
9		1				59					
10		1				60					
11		1				61					
12		1				62					
13		1				63					
14		1				64					
15		1				65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
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31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	3		1			TOTAL IND.		1			
TOTAL DEP.	15		1			TOTAL DEP.		1			
TOTAL CLAIMS	18		1			TOTAL CLAIMS		1			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**BEST AVAILABLE COPY**